



MEL98-002CCC-CIPB

February 26, 2004

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Fr: Stephen B. Ackerman, Reg. No. 37,761
28 Davis Avenue
Poughkeepsie, N.Y. 12603

Subject:

Serial No. 10/783,195

2/20/04

MOU-SHIUNG LIN

"TOP LAYERS OF METAL FOR HIGH
PERFORMANCE IC'S"

09/10/2004 AJOHNS01 00000002 190033 10783195
Dear Sir:
01 FC:1202 360.00 DA

PRELIMINARY AMENDMENT

Please enter the following Preliminary Amendment for the above-identified application
for patent:

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal
08/26/2004 AJOHNS01 00000004 190033 10154662
Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box
01 FC:1202 1450, Alexandria, VA 22313-1450, on March 25, 2004.

Stephen B. Ackerman Reg. No. 37,761

Signature 

Date March 25, 2004

Adjustment Date: 09/10/2004 AJOHNS01
08/26/2004 AJOHNS01 00000004 190033 10154662
01 FC:1202 360.00 CR

Adjustment date: 09/10/2004 AJOHNS01
08/26/2004 AJOHNS01 00000004 190033 10154662
01 FC:1202 360.00 CR

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docking Number

10783195

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	19	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	19 minus 20 =	0
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐

OR OTHER THAN
SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
XS 9=		OR	XS 18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL	385	OR	TOTAL	

CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	34	Minus	14	= 20
Independent	3	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
XS 9=		OR	XS 18=	360
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	360

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
XS 9=		OR	XS 18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
XS 9=		OR	XS 18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.